



UNITED STATES MARINE CORPS
MARINE CORPS BASE
MARINE CORPS COMBAT DEVELOPMENT COMMAND
PUANTICO, VIRGINIA 22134-5000

MCBO 5512.3A
B 011
2 Jul 96

MARINE CORPS BASE ORDER 5512.3A

From: Commanding General
To: Distribution List

Subj: IDENTIFICATION (ID) CARDS FOR MEMBERS OF THE UNIFORMED SERVICES, THEIR DEPENDENTS, AND OTHER INDIVIDUALS

Ref: (a) MCO P5512.11A

Encl: (1) ID Card Application Chart
(2) DD Form 1172, Application for Uniformed Services Identification Card-DEERS Enrollment
(3) Request for ID Card
(4) Request for Civilian Personnel ID Card

1. Purpose. To establish procedures for the issuance of ID cards and to implement the reference.
2. Cancellation. MCBO 5512.3.
3. Summary of Revision

a. This revision contains instructions for the return of confiscated identification cards to the Centralized Identification Card Center (CIDCC) for destruction.

b. Local reproduction of the form to request U.S. Government employee ID cards is authorized.

c. Clarification of -signature requirements by the sponsor upon the DD Form 1172, Application for Uniformed Services Identification Card/Defense Enrollment Eligibility Reporting System (DEERS) enrollment.

4. Information

a. The CIDCC was established on 1 July 1982, to issue all ID cards. The CIDCC operates under the staff cognizance of the Military Personnel Officer, Manpower Division, who is the responsible officer for all ID cards issued at MCB, Quantico.

b. The reference outlines the eligibility criteria, occasions of issue, application procedures, and detailed instructions concerning preparation of the various forms. Information about the DEERS is also provided in chapter 7 of the reference.

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c. Enclosure (1) outlines the responsibilities and documents required for the issuance of ID cards at this Base.

5. Action

a. Organizational Commanders

(1) Ensure this directive is complied with to prevent unnecessary delay in the issuance of ID cards and enrollment/updating of information in the DEERS.

(2) Comply with the reference when lost or stolen ID cards are reported.

(3) Establish unit procedures for the recovery/destruction of active duty and dependent ID cards from Marines being discharged with no reserve obligation.

(4) Verify and provide DD Form 4, Armed Forces of the United States Enlistment/Reenlistments; DD Form 216, Officer's Certificate of Appointment; approved NAVMC Form 10922, Dependency Application, or DD Form 1172, Application for Uniformed Services Identification Card-DEER Enrollment, to the CIDCC in the following instances:

(a) To provide DD Form 2(ACT), Armed Forces of the United States - Geneva Convention Identification Card (Active); DD Form 2(RES), Armed Forces of the United States - Geneva Convention Identification Card (Reserve) or DD Form 2(RET), United States - Geneva Convention Identification Card (Retired) to members who require them. This requirement is waived for student officers undergoing training at either OCS or TBS. Student Officer ID card applications will be processed by completing enclosure (3) , Local reproduction is authorized.

(b) To provide ID cards to dependents.

(c) To add dependents to the DEERS data base.

(d) To update information on an individual in the DEERS data base.

(5) Submit a verified DD Form 1172 terminating dependents from the DEERS Program when members are being discharged/released from active duty.

(6) Submit copy number 4 of the DD Form 214, Certificate of Release or Discharge From Active Duty, for those Marines being released on the Transition Assistance Program.

(7) Return confiscated ID cards to CIDCC office for reporting and destruction.

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b. Director, Facilities Division. Complete enclosure (4) **and** submit to the CIDCC for all civilian contract employees who require ID cards.

c. Director, Logistics Division

(1) Complete enclosure (4) and submit to the CIDCC for all civilian contract employees who require ID cards.

(2) Restrict the issue of ID cards, DD Form 2 (ACT), DD Form 2 (RES), DD Form 2 (RET) and DD Form 1172, Uniformed Services Identification and Privilege Card, at Self-Service to the OIC, CIDCC.

d. Director, Morale, Welfare and Recreation Division. Complete enclosure (4) and submit to the CIDCC for all individuals involved in commercial enterprises aboard this Base who require ID cards.

e. Staff Judge Advocate. Complete enclosure (4) and submit to the CIDCC for all insurance and mutual fund agents authorized to conduct business aboard the Base.

f. Civilian Personnel Officer. Complete enclosure (4) and submit to the CIDCC for civilian employees requiring the U.S. Government Employee ID Card (Optional Form 55, U.S. Government Identification). Local reproduction of enclosure (4) is authorized.

g. Military Personnel Officer. Approve and sign requisitions for all ID cards issued at MCB.

h. Officer in Charge, Centralized Identification Card Center

(1) Issue ID cards to personnel of all organizations, to include tenant activities.

(2) Issue ID cards to qualified individuals based on the information contained in enclosures (2), (3), and (4), and other supporting documents. The individual must be present at the CIDCC to receive the ID card and to satisfy the requirements contained in paragraph 3001 of the reference.

(3) Ensure recovery of ID cards, including DD Form 1173, for Marines going on **separation leave**. When a Marine has obligated reserve service, a new ID card will be issued on the day of separation.

(4) Prepare and issue DD Form 1173 and DD Form 2 (RET) for all retired personnel.

(5) Ensure that the DEERS is maintained per current regulations.

(6) Establish check-in procedures for a DEERS audit whenever a Marine reports aboard.

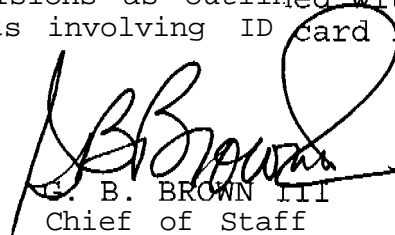
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i. Commandins Officer, Weapons Company, Light Armored Vehicle Battalion, 4th Marine Division

(1) Coordinate with the OIC, CIDCC when issue of ID cards is required for mobilization purposes.

(2) Comply with the provisions as outlined within paragraph 4 of this Order for all other events involving ID card issuance.



G. B. BROWN III
Chief of Staff

DISTRIBUTION: B plus 4 (3), 5, 8, 9, 13

copy to: CO, WpnsCo, LAVBn, 4th MarDiv

ID CARD APPLICATION CHART

<u>CATEGORY</u>	<u>TYPE OF ID</u>	<u>DOCUMENTATION REQUIRED BY CIDCC</u>
Active Duty	DD 2 (Active)	DD Form 4/1, DD Form 216, Promotion Message, Lost Statement (Encl 3)
Reservists	DD 2 (Reserve)	DD Form 214
Retirees	DD 2 (Retired)	DD Form 214, Retirement Orders
Dependents not previously enrolled in DEERS	DD Form 1173	Approved NAVMC Form 10922 and DD Form 1172 prepared by CIDCC)*
Dependents of Active Duty (previously enrolled in DEERS/reissue)	DD Form 1173	DD Form 1172 (prepared by CIDCC)*
Dependents of Retired	DD Form 1173	DD Form 1172 (Prepared by CIDCC)*
Survivors	DD Form 1173	DD Form 1172 (Prepared by CIDCC)
100% Disabled Veterans and Dependents	DD Form 1173	DD Form 1172 (Prepared by CIDCC)* and VA Letter 656
Civilian Government Employees	Optional Form 55	Request for ID Card (Encl 4)
Civilian Contract Employees	Optional Form 55	Request for ID Card (Encl 4)
Individuals Involved in Commercial Enterprise	Optional Form 55	Request for ID Card (Encl 4)

ENCLOSURE (1)

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- * Note: Sponsor's signature is required to sign the DD Form 1172, Application for Uniformed Services Identification Card - DEER Enrollment. The sponsor is required to sign the DD Form 1172 at the time of application and in the presence of the verifying official. If this is not possible the applicant may be given an appropriate DD Form 1172 to be signed and notarized in the presence of a duly authorized Notary Public. The notarized form may be presented by the applicant to the CIDCC for processing.

ENCLOSURE (1)

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Please read Privacy Act Statement and Agency Disclosure Notice prior to completing this form.

MARK HERE FOR GUARD OR RESERVE PRE-ENROLLMENT		APPLICATION FOR UNIFORMED SERVICES IDENTIFICATION CARD DEERS ENROLLMENT										Form Approved OMB No. 0704-0020 Expires Aug 31, 1996		
SECTION I SPONSOR INFORMATION	1. NAME (Last, First, Middle)					2. SEX	3. SSN (or SN)			4. STATUS		5. BR OF SERVICE		
	6. PAY GRADE		7. RANK		8. GEN. CAT	9. TYPE OF CARD ISSUED			10. ID NO		11. LAST UPDATE (YYYYMMDD)		12. V / I	
	13. CURRENT RESIDENCE ADDRESS						14. SUPPLEMENTAL ADDRESS INFORMATION							
	15. CITY			16. STATE	17. ZIP CODE			18. COUNTRY	19. UIC		20. HOME TELEPHONE NO. (Include Area Code)			
	21. DATE OF BIRTH (YYYYMMDD)		22. BLOOD TYPE		23. COLOR EYES		24. COLOR HAIR		25. HEIGHT		26. WEIGHT		27. MEDICARE	28. MARITAL STATUS
SECTION II DEPENDENT INFORMATION	29. ELIG ST/MC EFF DATE (YYYYMMDD)		30. CARD EX/ELIG END DATE (YYYYMMDD)		31. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) MC MS C T EU EL								32. END ELIG REASON	
	33. NAME (Last, First, Middle)					34. SEX	35. RELATIONSHIP		36. SSN		37. ID NO.			
	38. LAST UPDATE (YYYYMMDD)		39. V / I	40. CURRENT RESIDENCE ADDRESS						41. SUPPLEMENTAL ADDRESS INFORMATION				
	42. CITY			43. STATE	44. ZIP CODE			45. COUNTRY	46. HOME TELEPHONE NO. (Include area code)		47. DATE OF BIRTH (YYYYMMDD)			
	48. MBI	49. STU	50. INCAP	51. MEDICARE		52. COLOR EYES		53. COLOR HAIR		54. HEIGHT		55. WEIGHT		56. MARITAL STATUS DATE (YYYYMMDD)
SECTION III SPONSOR DECLARATION AND REMARKS	57. ELIG ST/MC EFF DATE (YYYYMMDD)		58. CARD EX/ELIG END DATE (YYYYMMDD)		59. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) MC MS C T EU EL								60. END ELIG REASON	
	61. NAME (Last, First, Middle)					62. SEX	63. RELATIONSHIP		64. SSN		65. ID NO.			
	66. LAST UPDATE (YYYYMMDD)		67. V / I	68. CURRENT RESIDENCE ADDRESS						69. SUPPLEMENTAL ADDRESS INFORMATION				
	70. CITY			71. STATE	72. ZIP CODE			73. COUNTRY	74. HOME TELEPHONE NO. (Include area code)		75. DATE OF BIRTH (YYYYMMDD)			
	76. MBI	77. STU	78. INCAP	79. MEDICARE		80. COLOR EYES		81. COLOR HAIR		82. HEIGHT		83. WEIGHT		84. MARITAL STATUS DATE (YYYYMMDD)
SECTION IV VERIFIED BY	85. ELIG ST/MC EFF DATE (YYYYMMDD)		86. CARD EX/ELIG END DATE (YYYYMMDD)		87. PRIVILEGES AUTHORIZED (Enter correct abbreviation AFTER privilege) MC MS C T EU EL								88. END ELIG REASON	
	89. REMARKS (Cite legal documentation, as applicable)												NOTARY SIGNATURE AND SEAL	
	I have read and understand the "Conditions Applicable to Sponsor or Applicant." I certify the information provided in connection with the eligibility requirements of this form is true and accurate to the best of my knowledge. (If not signed in the presence of the verifying official, the signature must be notarized.)													
SECTION V ISSUED BY	90. SIGNATURE										91. DATE SIGNED (YYYYMMDD)			
	92. TYPED NAME (Last, First, Middle)					93. PAY GRADE		94. UNIT/COMMAND NAME						
	95. TITLE			96. UIC		97. DUTY PHONE NO.			98. UNIT/COMMAND ADDRESS (Street, City, state, Zip Code)					
SECTION VI RECEIPT	99. SIGNATURE					100. DATE VERIFIED (YYYYMMDD)								
	101. TYPED NAME (Last, First, Middle)					102. PAY GRADE		103. UNIT/COMMAND NAME						
	104. TITLE			105. UIC		106. DUTY PHONE NO.			107. UNIT/COMMAND ADDRESS (Street, City, State, Zip Code)					
108. SIGNATURE					109. DATE ISSUED (YYYYMMDD)									
RECEIPT OF NEW CARD IS ACKNOWLEDGED														
110. SIGNATURE										111. DATE SIGNED (YYYYMMDD)				

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REQUEST FOR ID CARD

From: Commanding Officer, _____
To: Officer in Charge, Centralized ID Card Center

Subj: REQUEST FOR ISSUE OF ID CARD

Ref: (a) MCBO 5512.3A

1. Per the reference, the Marine listed below requires issuance of an ID Card (check one).

_____ DD Form 2 (ACT) _____ DD Form 2 (RES)

NAME _____

GRADE _____

SSN _____ DATE OF BIRTH _____

WEIGHT _____ HEIGHT _____ COLOR HAIR _____ COLOR EYES _____

BLOOD TYPE _____ GENEVA CONVENTION CATEGORY _____

EXPIRATION DATE _____

2. I certify that the Marine has made a statement about the circumstances surrounding the loss/theft of the ID card. The requirements contained in MCO P5512.11A, paragraph 3002.2 have been complied with. (Applies only to lost/stolen identification cards.)

3. I certify the above information.

SIGNATURE

NAME _____
TITLE _____

ENCLOSURE (3)

REQUEST FOR CIVILIAN PERSONNEL ID CARD

From: Director, Civilian Personnel Branch
To: Officer in Charge, Centralized ID Card Center
Subj: REQUEST FOR ISSUE OF U.S. GOVERNMENT EMPLOYEE ID CARD
Ref: (a) MCBO 5512.3A

1. Per the reference, it is requested that a U.S. Government Employee ID Card be issued to the below listed person:

NAME _____
SSN _____
DATE OF BIRTH _____
WEIGHT _____
HEIGHT _____
COLOR HAIR _____
COLOR EYE _____
ACTIVITY _____
WORK PHONE _____

2. Reason for issuance:

APPOINTMENT _____
LOST/STOLEN _____
CHANGE OF NAME _____
CHANGE OF WORK SECTION _____
MUTILATED _____
INCORRECT _____

3. I certify that the above information has been verified.

NAME _____
TITLE _____

ENCLOSURE (4)